

**REQUESTED ARBITRATOR WARRANT INVOICE  
SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY**

**Arbitrator  
Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Bar No.** \_\_\_\_\_

**Vendor No.** \_\_\_\_\_

**Phone  
Number:** \_\_\_\_\_

To obtain a vendor number please log on to:

<https://azdom-vss-ext.hostams.com/PRDVSS2X1/Advantage4>

You must have a vendor number for your claim to be processed.

**ARBITRATION CASE NUMBER:** \_\_\_\_\_

DATE(S) OF HEARING(S)	TIME EXPENDED ON SUBSTANTIVE ISSUES	DESCRIPTION OF SERVICES (Itemized Statement of Expense Required)	AMOUNT (\$75.00 per day)

I do solemnly swear that the accompanying is a just statement of account against the Superior Court; that the work and labor specified therein have been performed; that the services stated therein have been rendered; that the expenses set forth therein have been incurred; that the same has not been paid; and that no claim against the Superior Court has before been made.

**MARICOPA COUNTY CANNOT CONSIDER ANY CLAIM UNLESS SUBMITTED WITHIN SIX MONTHS AFTER THE ACCOUNT ACCRUES. A.R.S. § 11-622.**

*THIS SECTION IS **OPTIONAL** AND SHOULD ONLY BE COMPLETED IF THE ARBITRATOR WANTS THEIR CHECK MADE OUT TO ANOTHER PARTY. PLEASE LEAVE BLANK IF ARBITRATOR WANTS CHECK MADE OUT IN THEIR NAME.*

ASSIGNMENT OTHER THAN ARBITRATOR: For value received, I hereby assign this claim to:

Make Payable To:

\_\_\_\_\_  
Entity

\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Arbitrator Signature

\_\_\_\_\_  
Court Approval Signature

Mail completed form to: Arbitration Department, 201 West Jefferson, 4th Floor, Phoenix AZ 85003